

**Plaintiff
Jackie Fisher's**

**Response in Opposition
to Defendants'**

**Motion for
Summary
Judgment**

EXHIBIT

28

To: Mr. John Pemberton, UTMB-CMC Director of Human Resources

Re: Demotion Appeal

Date: July 3, 2006

Mr. Pemberton,

I am in receipt of your response to my demotion appeal dated 5-11-06 and my grievance # 06-04-002-G and # 06-04-003-G.

There continues to be evidence that I am subjected to different terms and conditions of employment than those enjoyed by similarly situated Caucasian Nurse Managers. The staff at the Wynne Unit has and continues to complain about Ms. Roddey (Caucasian), Cluster Nurse Manager (NM). Mr. Watson has personally met and interviewed some of the staff (Ms. Winfrey, PCA; Ms. Jenkins, PCA; Ms. Hagan, PCA; Ms. Alexander, LVN; Ms. Delegia, LVN; Ms. Archie, RN; Ms. Cooper, RN, etc). In comparison as the situation relates to, Mr. Watson did not request or solicit any of their complaints. Per one of the employee (Ms. Winfrey), Mr. Watson requested that she not contact him as he expected her to handle her complaints at the Unit level. The staff continues to complain that Ms. Roddey, NM is never available on the Unit, she does not communicate with them, her communication is inappropriate at times, she shows favoritism (Ms. Patterson and Ms. Hughes), and she is not supportive or helpful to her staff. Six out of her twelve employees at the Wynne Unit presented complaints directly to Mr. Watson about Ms. Roddey, NM. The majority of the complaints presented were by African American employees. These complaints of staff dissatisfaction have gone without concern from Mr. Watson and the Northern Division Management Team (Ms. Gotcher, DON and Ms. Melton, HR Director). In my introduction to the Wynne Unit's Head Warden and in front of a witness (Ms. Rodriguez, AA) his opinion validated the staff complaints. Ms. Roddey, NM has not been cited for ineffective communication with subordinate staff and requested for demotion.

While Mr. Watson has focused on alleged complaints from the Supplemental Agency Mr. Watson has shown no concern for what our TDCJ-ID Contractors think about the way business is conducted. There was a Cultural Diversity survey conducted at the Eastham, medical ratings were all negative. The Warden's concerns and a copy of the survey were shared with the Huntsville Sr. Cluster Practice Manager (Ms. Box) and the Sr. Cluster Nurse Manager (Mr. Watson). In comparison, Mr. Watson has not requested a demotion in regards to the negative comments related to the Caucasian Nurse Managers (Ms. Roddey and Ms. Adams).

In my demotion letter, Mr. Watson stated he had expressed his request to all Nurse Managers regarding the need for regular staff meetings. In comparison, at Wynne Unit review of records show that formal staff meetings were held in August 2005, February 2006 and June 2006. There was no formal meeting participation in September 2005, October 2005, November 2005, December 2005, January 2006, March 2006, April 2006 or May 2006. In comparison, Mr. Watson has made a difference in treatment. He did not mandate Ms. Roddey to have staff meetings nor was she cited for ineffective management/leadership and requested for demotion.

All Nurse Managers are accountable to ensure departmental policies are being enforced. Per policy, it is required that counts are verified, accurate and two signatures at every shift change validate the count records. According to the narcotic shift count and instrument inventory records there is a lack of accountability on the Nurse Manager's part (see attachment #1, attachment 2,

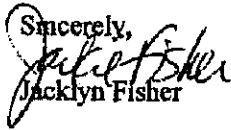
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attachment #3, attachment #4). The nursing retention records at Wynne are a concern. Some of the problems in regards to the poor management of records are continuously cited on Ms. Roddey's Quarterly Pharmacist inspections, mostly recently May 9, 2006. (see attachment #5). The May 9, 2006, Quarterly Facility Pharmacy Audit Report revealed the following deficiencies- pill window personnel need a direct line of communication with medical staff to address concerns, meeting should be held with all pill window staff to address concerns, need EMR training, shift expectations (see attachment #5).

Ms. Roddey, NM has taken no action to correct or monitor the CID Nurse (Ms. Hughes) who is nine months behind. In comparison, Mr. Watson has not cited Ms. Roddey for not providing guidance or spending adequate time working with staff to resolve deficits.

I feel that my demotion is based on retaliation and discrimination, per UTMB Appeal Policy, # 3.10.2, I am requesting that my appeal and all attachments be forwarded within two working days to the level three officials, the Executive Vice President.

In addition, I'm requesting: 1) all written complaints against me to include those received by the Northern Division Management Team (Ms. Gotcher, DON and Ms. Melton, HR Director); 2) the alleged employee grievance filed against me on March 9, 2006; and 3) any alleged coaching or formal disciplinary against me.

Sincerely,

Jacklyn Fisher

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**UNITED STATES
POSTAL SERVICE**

 ***** WELCOME TO *****
 HUNTSVILLE DOWNTOWN FIN
 HUNTSVILLE, TX 77320-9998
 07/03/06 01:17PM

Store USPS	Trans 67
Wkstn sys5002	Cashier KFKPVP
Cashier's Name	LINNIE
Stock Unit Id	SIALINNIE
PO Phone Number	936-295-3037
USPS #	4841480340

1. 7.80 Nd Lb/Flg Bk	7.80
2. Exp.(F.R.) PO-ADD	14.40
Destination:	77565
Weight:	3.90 oz.
Postage Type:	PVI
Total Cost:	14.40
Base Rate:	14.40
Label#:	
ED513112432US	

Subtotal	22.20
Total	22.20

DebitCard	32.20
Purchase	22.20
Cash Back	10.00

23-903140515-98

DebitCard	CLERK ID
ACT. NUMBER	04
9368	
AUTH. 22	DEBIT TRANS # 656
RECEIPT # 003236	

 ALL SALES FINAL ON STAMPS AND POSTAGE.
 REFUNDS FOR GUARANTEED SERVICES ONLY.

Balance Due	10.00
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Stamps at USPS.com/shop or call
 Stamp24. Go to
 Stamp.com/clicknship to print shipping
 labels with postage. For other
 information call 1-800-ASK-USPS.

Number of Stamps Sold: 2

Please come again
 anytime. If you can call
 1-800-275-8777 for all Postal related
 issues (lost mail, redeliveries, etc)
 Our hours are 9am-5pm M-F 9am-12pm Sat

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~~ARMACY COUNT & KEY~~

Narcotic Court

MONTH: UNIT: January WynneAREA: Clinic

DATE	1ST SHIFT SIGNATURES		2ND SHIFT SIGNATURES		3RD SHIFT SIGNATURES	
	Departing (10-6 am)	Arriving (6-2 pm)	Departing (6-2 pm)	Arriving (2-10 pm)	Departing (2-10 pm)	Arriving (10-6 am)
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th						
9th						
10th						
11th						
12th						
13th						
14th						
15th						
16th						
17th						
18th						
19th						
20th						
21st						
22nd						
23rd	Benjamin	Blay	St. J.	Benjamin	Quilley	Fugate
24th	Joop	Joop	Joop	Joop	Joop	Joop
25th	Joop	Joop	Joop	Joop	Joop	Joop
26th	Joop	Joop	Joop	Joop	Joop	Joop
27th	Joop	Joop	Joop	Joop	Joop	Joop
28th	Benjamin	Benjamin	Benjamin	Benjamin	Benjamin	Benjamin
29th	Benjamin	Benjamin	Benjamin	Benjamin	Benjamin	Benjamin
30th	Joop	Joop	Joop	Joop	Joop	Joop
31st	Joop	Joop	Joop	Joop	Joop	Joop

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CONTROLLED SUBSTANCE SHIFT COUNT RECORDMONTH: February 2006 UNIT: WynneAREA: Pharmacy

DATE	1 ST SHIFT SIGNATURES		1 ST & 2 ND SHIFT SIGNATURES		2 ND SHIFT SIGNATURES	
	Arriving (0330-12) (0400)	Arriving (0330-12) (0400)	Departing (0330-12)	Arriving (11-730p)	Departing (11-730p) (1630)	Departing (11-730p)
1st				CD Regalia	Fmopitt	CD Regalia
2nd				CD Regalia	Fmopitt	CD Regalia
3rd				CD Regalia	Fmopitt	CD Regalia
4th						
5th						
6th				CD Regalia	Fmopitt	CD Regalia
7th				CD Regalia	Fmopitt	CD Regalia
8th				CD Regalia	Fmopitt	CD Regalia
9th	Shoop	Shoop	Shoop			
10th	Shoop	Shoop				
11th	Shoop			CD Regalia	Fmopitt	CD Regalia
12th	Shoop			CD Regalia	Fmopitt	CD Regalia
13th				CD Regalia	Fmopitt	CD Regalia
14th				CD Regalia	Fmopitt	CD Regalia
15th				CD Regalia	Fmopitt	CD Regalia
16th				CD Regalia	Fmopitt	CD Regalia
17th				CD Regalia		CD Regalia
18th	CD Regalia			CD Regalia		CD Regalia
19th	CD Regalia			CD Regalia		CD Regalia
20th	CD Regalia			CD Regalia	Fmopitt	CD Regalia
21st						
22nd						
23rd						
24th						
25th						
26th						
27th						
28th						
29th						
30th						
31st						

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STERILE INSTRUMENT INVENTORY RECORD

MONTH: April 2006 UNIT: Wynne

AREA: Sterilizing Room

DATE	1 ST SHIFT SIGNATURES		1 ST & 2 ND SHIFT SIGNATURES		2 ND SHIFT SIGNATURES	
	Arriving (3:30 - 12:00) (0400)	Arriving (3:30 - 12:00) (0400)	Departing (3:30 - 12:00)	Arriving (11:00 - 7:30 p)	Departing (11:00 - 7:30 p) (1630)	Departing (11:00 - 7:30 p) (1630)
1st	J Loop	Wynne	X	X	J Loop	Wynne
2nd	J Loop	J Loop	X	X	J Loop	J Loop
3rd	J Loop	J Loop	X	J Loop	J Loop	J Loop
4th	J Loop	J Loop	X	J Loop	J Loop	J Loop
5th	J Loop	J Loop	X	J Loop	J Loop	J Loop
6th	J Loop	J Loop	X	J Loop	J Loop	J Loop
7th	J Loop	J Loop	X	J Loop	J Loop	J Loop
8th	J Loop	J Loop	X	J Loop	J Loop	J Loop
9th	J Loop	J Loop	X	J Loop	J Loop	J Loop
10th	J Loop	J Loop	X	J Loop	J Loop	J Loop
11th	J Loop	J Loop	X	J Loop	J Loop	J Loop
12th	J Loop	J Loop	X	J Loop	J Loop	J Loop
13th	J Loop	J Loop	X	J Loop	J Loop	J Loop
14th	J Loop	J Loop	X	J Loop	J Loop	J Loop
15th	J Loop	J Loop	X	J Loop	J Loop	J Loop
16th	J Loop	J Loop	X	J Loop	J Loop	J Loop
17th	J Loop	J Loop	X	J Loop	J Loop	J Loop
18th	J Loop	J Loop	X	J Loop	J Loop	J Loop
19th	J Loop	J Loop	X	J Loop	J Loop	J Loop
20th	J Loop	J Loop	X	J Loop	J Loop	J Loop
21st	J Loop	J Loop	X	J Loop	J Loop	J Loop
22nd	J Loop	J Loop	X	J Loop	J Loop	J Loop
23rd	J Loop	J Loop	X	J Loop	J Loop	J Loop
24th	J Loop	J Loop	X	J Loop	J Loop	J Loop
25th	J Loop	J Loop	X	J Loop	J Loop	J Loop
26th	J Loop	J Loop	X	J Loop	J Loop	J Loop
27th	J Loop	J Loop	X	J Loop	J Loop	J Loop
28th	J Loop	J Loop	X	J Loop	J Loop	J Loop
29th	J Loop	J Loop	X	J Loop	J Loop	J Loop
30th	J Loop	J Loop	X	J Loop	J Loop	J Loop
31st	J Loop	J Loop	X	J Loop	J Loop	J Loop

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STERILE INSTRUMENT INVENTORY RECORD

MONTH: May 2006 UNIT: WynneAREA: Sterilizing Room

DATE	1 ST SHIFT SIGNATURES		1 ST & 2 ND SHIFT SIGNATURES		2 ND SHIFT SIGNATURES	
	Arriving (3:30 - 12:00) (0400)	Arriving (3:30 - 12:00) (0400)	Departing (3:30 - 12:00)	Arriving (11:00 - 7:30 p) (1630)	Departing (11:00 - 7:30 p) (1630)	Departing (11:00 - 7:30 p) (1630)
1st	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
2nd	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
3rd	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
4th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
5th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
6th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
7th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
8th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
9th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
10th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
11th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
12th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
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14th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
15th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
16th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
17th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
18th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
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21st	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
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23rd	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
24th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
25th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
26th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
27th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
28th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
29th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
30th	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
31st	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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APPENDIX A.

QUARTERLY FACILITY PHARMACY AUDIT REPORT

FACILITY AUDITED Wynne Unit AUDIT DATE(S) 5-9-06
PHARMACY AGENT LaTanya Armstrong, Pharm D.
DIRECTOR OF PHARMACY Dick M. Cason, M.S., R.Ph.
TO: FACILITY NURSE MANAGER/DIRECTOR OF NURSING: K. Roddey, RN

Following is the report of the quarterly facility pharmacy audit report that was conducted on-site on the above date. Please review the audit report and provide a written response regarding the actions that you will take to correct any areas of non-compliance or failure to meet minimum standards as documented in the report.

The written response must be completed and submitted to the Director of the UTMB CMC Department of Pharmacy in no later than 2 weeks (5/29/06). Copies are to be forwarded to the individuals named at the bottom of page 1.

Findings and Recommendations:

CC.

All Sectors
Facility nurse manager/director of nursing
Director of Pharmacy

UTMB Sector
Division Director of Nursing Services
Division Medical Director
Division Director of Operations
District Director of Nursing
District Medical Director
District Manager

Texas Tech Sector
Regional Medical Director
Regional Administrator
Director of Quality Improvement
Chief, MHCPS, School of Pharmacy

CRITERIA	COMPLIANT	PROBLEM	REPEAT	NOT APPLICABLE	COMMENT
I. DRUG STORAGE AND MEDICATION ADMINISTRATION AREAS					
A. General					
1. Individual designated for control/operation of drug products and drug room? (75-15; 20-10)	✓				
2. Posted and current security notice of personnel authorized entry into the drug room?(75-15;15-10;20-10) Date: _____	✓				
3. Secure entry with minimum access?(75-15;20-10)	✓				
4. Designated individual assigned key to drug room? Keys limited to the nurse-in-charge or licensed/permitted/certified designated agent? (20-10)	✓				
5. Unit DEA and DPS permits current and conspicuously displayed? (20-10) DEA ✓ EXP 10-30-09 DPS ✓ EXP 11-30-09	✓				
6. Current editions of required references available including a hard copy of the CMC Formulary? (05-05)	✓				
7. Metric/apothecary equivalents chart, poison center phone number posted? (75-15)		✓			
8. Posted one card policy notice in drug room?		✓			
B. Physical Environment					
1. Adequate space, equipment and supplies properly organized and arranged? (75-15;15-10)	✓				
2. Proper lighting, ventilation and room temperature range (15°C/59°F - 30°C/86°F)? (75-15;15-10)	✓				
3. Area(s) clean and orderly? (75-15;15-10)	✓				
4. Sharps and needles not maintained in unit pill room(s)? (75-15)	✓				
C. Inventory					
1. All medication inventories secured properly; systematically stored for fast review?(15-10)	✓				
2. External and internal preparations stored separately? (15-10)	✓				
3. Medication order dates current and medication stock not expired including prescription and unit stock items? (15-10;15-30)	✓				
4. Initials and entry date on all multi-dose vials and stock bottles? Reconstitution and expiration dates on all applicable medications? (30-10)	✓				
5. Containers with unauthorized, worn, missing, illegible, or expired labels are quarantined for return by a Pharmacist? (10-05;15-10;15-30;40-10)	✓				
6. Appropriate levels of stock medications are maintained in accordance with established guidelines? (15-10;15-30)	✓				
7. No unauthorized Formulary or Non-formulary medications? (15-05;25-05)	✓				
8. All medications labeled correctly?(40-10)	✓				
9. HIV exposure kits in date? Replace and return kits that have less than 2 months dating. SEE LISTING OF UNITS, WHICH SERVE AS HIV HUB UNITS.			✓		

CRITERIA	COMPLIANT	PROBLEM	REPEAT	NOT APPLICABLE	COMMENT
II. TREATMENT AREAS					
A. External and internal preparations stored separately? (15-10)	✓				
B. Medications not expired? (15-10; 15-30)	✓				
C. Initials and entry date on all multi-dose vials and stock bottles? (30-10)	✓				
D. Appropriate levels of stock medication maintained? (15-10; 15-30)	✓				
E. No unauthorized formulary or non-formulary medications? (05-05; 25-05)	✓				
F. All medications labeled correctly? (15-10; 40-10)	✓				
G. Medications properly stored when not in use? (75-15; 15-10; 60-05)	✓				
III. EMERGENCY CART					
A. Required drugs and appropriate levels maintained? (60-05)	✓	✓			see last page
B. Medication not expired? (60-05)	✓				
C. No unauthorized formulary or non-formulary medications? (05-05; 25-05; 60-05)	✓				
D. All medications labeled correctly? (15-10; 40-10)		✓			checked not in fridge
E. Medications properly stored when not in use? (75-15; 15-10; 60-05)	✓				
F. Cart properly sealed or secured? (15-10)					
IV. REFRIGERATORS					
A. Working thermometer present in all refrigerators and temperature maintained between 36°-46°F as evidenced by documentation on a daily temperature log? (15-10) Temperature: <u>5°C</u>	✓				
B. Refrigerators clean and orderly with monthly defrost schedule posted and maintained? (15-10)	✓				Defrost fees
C. Supplemental feedings dated and covered? (15-10)	✓				
D. Foods limited to medical adjuncts? (15-10)	✓				
E. Appropriate medications stored in the refrigerator? (15-10)	✓				
F. All medications labeled correctly to include entry date and initials on all opened vials and bottles? (30-10)	✓				
G. Medications not expired? (15-10; 15-30)	✓				①
H. Refrigerators equipped with locking system for storage of controlled drugs?	✓				

CRITERIA

COMPLIANT

PROBLEM

REPEAT

NOT APPLICABLE

COMMENT

N. Controlled substances inventory check of administration stock (i.e., open stock).

Administration/Open Stock Item

Count on Records

Audit Count

Morphine 50mg elixir

6

6

APAP w/ codeine

3

3

Dormentol N

42

42

APAP w/ codeine tabs

57

57

MSOx 15mg ER tabs

14

14

VI. REPORTS – The following reports are completed and current.

A. Adverse drug reactions reported? (20-10)

* B. Crash cart medication expiration report? (15-10)

C. Computer down time log? (40-05)

* D. Monthly Correctional Medication Aide Audit Report. Technician audit from previous month received at the pharmacy? (75-15)

* E. Weekly controlled substances inventories (Bulk stock HO-116 and/or administration stock HSA-4)? Inventories received monthly at the pharmacy? (20-15)

F. Quarterly Facility Pharmacy Audit Report? (75-15)

G. Log indicating removal of stock medications for administration maintained? (40-10)

* Reports must be sent to the pharmacy monthly.

VII. OTHER RECORDS

A. Practitioner has initialed the "print pass" for all orders entered into the computer system by personnel other than the prescriber? (40-10)

B. Initialed "print pass" maintained for at least 90 days? (40-10)

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VIII. ADDITIONAL COMMENTS AND SUGGESTIONS:

- Pill window personnel need a direct line of communication with medical staff to address concerns
- Meeting should be held with all pill window staff to address concerns.
 - not getting print passes for Ad-Seg
 - messy meds
 - EMR training ←
 - - giving both doses at one pill window ←
 - checking meds received against manifest
 - narcotic stock manifest
 - duplicate orders on forums
 - ? - shift expectations ?

- ① 3 expired peggy's in nursing station refrigerator
- ② not all of the controlled substance DEA forms & manifests were available for inspection

Crash cart -

consider labeling areas in each drawer for each item with par levels.

- 4 extra ammono inhalants without exp date
- 2 Narcoase 50 cc syringes instead of one
- HC injection instead of methylprednisolone in drawer
- 2 bottles of NTA instead of one
- 2 bags of B540 500ml instead of one and one 1L bag
- 1 bag of NACE 500ml bag

controlled substance:

		count on record
Ativan	8 vials	8
Tylenol	74 tabs	74
dal bag	7 vials	7
m 80.4 bag	19 vials	19
Depo	~ 11 amps	2 units - Depo measured according to bottles, not volume
Darvocet-N	62 tabs	62

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UTMB Correctional Managed Care

Wynne Unit

To: Dick Cason, M.S., R.Ph.

Date: May 22, 2006

From: Kim Roddey, RN/CNM

Subject: Pharmacy Audit

-
- 1. Section IA.7&8 – Metric/ apothecary equivalents chart, poison center phone number and one card policy posted.**

Deficiency: No metric list posted in pharmacy.

Corrective Action Plan: Metric/Apothecary equivalents chart, poison center phone number and one card policy to be obtained and posted in ER.

- 2. Section III A – (Emergency cart) Required drugs and appropriate levels maintained? (60-05).**

Deficiency: 4 extra ammonia inhalants, 1 extra Dextrose 50cc, HC inj instead of methylprednisolone, 1 extra bottle of NTG, 1 extra bag of D5W,

Corrective Action Plan: Will remove excess medications and maintain required levels of each drug on the crash cart.

- 3. Section III D – All medications labeled correctly? (13-16;40-10).**

Deficiency: Ativan not in refrigerator.

Corrective Action Plan: Ativan will be disposed of and replaced. New lock box ordered for refrigerator storage of this medication.

- 4. Section IV G – Medications not expired**

Deficiency: Pegasys in nursing station refrigerator expired.

Corrective Action Plan: Appropriate measures will be taken as related to the proper return process of expired medications to the regional pharmacy.

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5. Section V. G1-3 Bulk stock records complete and current?

Deficiency: Not all of the controlled substance DEA forms and manifests were available for inspection.

Corrective Action Plan: Duplicate binders (one from pharmacy and one from NM office) will be combined and stored in the pharmacy for easy accessibility.

6. V. G.3 Inventory correct?

Deficiency: Depotestosterone measured according to bottles, not volume.

Corrective Action Plan: Depotestosterone vials marked according to # of milliliters. Staff inserviced on the process of subtracting used ml from total.

Addendum:

Auditor felt the need for the pharmacy staff to have a direct line of communication with the medical staff to address concerns. Their direct line of communication normally would be the Assistant Nurse Manager. This position is currently vacant. The staff has been told they can contact Ms Roddey anytime by email or phone. Another option for them was explained as contacting Ms Rodriguez, Administrative Associate who will then contact Ms Roddey if needed.

An effort will be made to include the pharmacy staff in monthly meetings to address their concerns.